

CITY OF LANSING
SIGN PERMIT APPLICATION

App. No. _____
Date _____

Sign Owner _____ Sign Address _____
Address _____ Business Name _____
Contact Person: _____ Parcel Number _____
Phone (_____) _____ Zoning _____

Installer _____ Phone (_____) _____
Address _____

License Required: ☐ YES ☐ NO License Valid: ☐ YES ☐ NO Corner Parcel ☐ YES ☐ NO

EXISTING SIGNS On Site ☐ YES ☐ NO

SIGN I: Type _____ Size _____ Total # _____

SIGN II: Type _____ Size _____ Total # _____

Site Plan Provided _____

NEW SIGN

Illumination ☐ YES ☐ NO Capitol Center Dist. ☐ YES ☐ NO Number of Message Units _____

Approximate Completion Date _____

MATERIALS

Supports _____ Frame _____ Face _____

GROUND/POLE SIGN

Setback (sign) _____ Land Use (parcel) _____

Height (sign) _____ Sq. Ft. (parcel) _____

Sq. Ft. (sign) _____ Street Class. _____

Adj. Land Uses _____

WALL SIGN

Lineal Ft. (bldg.) _____ Land Use (parcel) _____

Sq. Ft. (sign) _____ Sq. Ft. (parcel) _____

No. of Signs Under Permit _____ Street Class. _____

BILLBOARD

Setback (sign) _____ Street Class. _____

Height (sign) _____ Distance to Nearest Billboard _____

Sq. Ft. (sign) _____ Distance to Res. Zoning _____

TEMPORARY & MOBILE TEMPORARY SIGN

Setback (sign) _____ Installation Date _____

Height (sign) _____ Removal Date _____

Sq. Ft. (sign) _____ Inspector _____

REMARKS: _____

I hereby certify that this sign will comply with all specifications and requirements of the Lansing Sign Code and that the statements in this application are true to the best of my knowledge and belief.

Applicant Signature _____ Date _____

Planning Div. Signature _____ Date _____

Bldg. Safety Div. Signature _____ Date _____

Permit Number _____ Inspection Date _____

Permit Fee _____

MOBILE/TEMPORARY SIGN DEPOSIT RETURN TO:

(Name) _____ (Phone) _____

(Address) _____